| COMBINED DECLARATION             |   |
|----------------------------------|---|
| (Original, Design, National Stag | - |
| or CID Applianciant              | - |

POWER OF ATTORNEY OTPE

ATTORNEY'S DOCKET NO.

| or CIP Application)                                                                      |                                                  | ' / 0                                    | 323                          | 396                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| As a below nam d inve                                                                    | entor I her by declare t                         | that: MAY 7                              | 9 2002 E                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| My residence, post officient and sole inventor (listed below) of the sub-                | incoming on name is list                         | ed below) or an oristry                  | MAYbest and joint inven      | elieve I am the original,<br>itor (if plural names are<br>the invention entitled:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                          | THER                                             | MOPLASTIC COMPOSI                        | TION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| the specification of wh                                                                  | ich: (complete (a), (b)                          | or (c) for type of appl                  | ication)                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                          | REGULA                                           | AR OR DESIGN APPLIC                      | ATION                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (a) [x] is attached h<br>(b) [] was filed on                                             |                                                  | as Applicatio                            | on Serial No.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| and was amended                                                                          | on                                               | (if applicable).                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                          | PCT FILED APPLI                                  | CATION ENTERING NA                       | TIONAL PHASE                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (c) KX was described and as amended on                                                   | and claimed in Interna                           | tional Application No. <u>I</u><br>any). | CT/EP99/05988                | filed 12 AUG 1999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| AC                                                                                       | KNOWLEDGMENT OF                                  | REVIEW OF PAPERS                         | AND DUTY OF CAND             | OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I hereby state including the claims, as                                                  |                                                  |                                          |                              | identified specification,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| l acknowledge as defined in Title 37,                                                    |                                                  |                                          | n known to me to be          | material to patentability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| • [ ] In complian                                                                        | nce with this duty the                           | e is attached an inform                  | nation disclosure state      | ement. 37 CFR 1.97.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                          |                                                  | PRIORITY CLAIM                           |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| application(s) for paten                                                                 | t or inventor's certifica                        | te listed below and hav                  | e also identified below      | § 119 of any foreign<br>rany foreign application<br>hich priority is claim d:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| (d) [ ] no such application [ ] such application                                         | ations have been filed<br>ons have been filed as | follows                                  |                              | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS PRIOR TO SAID APPLICATION |                                                  |                                          |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Country                                                                                  | Application No.                                  | Date of Filing                           | Date of Issue                | Priority Claimed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                          |                                                  |                                          |                              | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                          |                                                  | ·                                        |                              | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                          |                                                  |                                          |                              | YES NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ALL FOREIGN APP                                                                          | LICATION(S), IF ANY                              | FILED MORE THAN 12                       | MONTHS PRIOR TO              | SAID APPLICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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## PROVISIONAL

| ! hardby claim t | the benefit under | Title 35, | United States | Code, § | i 119(e) of i | any United | States application | s) listed |
|------------------|-------------------|-----------|---------------|---------|---------------|------------|--------------------|-----------|
| below:           |                   |           |               |         |               |            |                    |           |

Application Serial No.

Filing Dat

Status (patented, pending, abandon d)

## CONTINUATION-IN-PART

(Complete This Part Only If This Is A Continuation-In-Part Application)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a), which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application:

Application Serial No.

Filing Date

Status (patented, pending, abandoned)

## POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

| Robert D. Hovey      | 19,223 | Scott R. Brown   | 40,535 |
|----------------------|--------|------------------|--------|
| Warren N. Williams   | 19,156 | Tracy Bornman    | 42,347 |
| Stephen D. Timmons   | 26,513 | Tracey S. Truitt | 43,205 |
| John M. Callins      | 26,262 | David V. Ayres   | 46,529 |
| Thomas H. Van Hoozer | 32,761 | Gerhard Shipley  | 45,682 |
| Thomas B. Luebbering | 37,874 | Kameron D. Keily | 44,181 |
| Andrew G. Colombo    | 40.565 | Gregory J. Skoch | 48,267 |

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of sole or first                                   | inventor Jean KERSTE     | N                                     |  |  |
|--------------------------------------------------------------|--------------------------|---------------------------------------|--|--|
| Inventor's Signature                                         |                          |                                       |  |  |
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| Full name of second joint                                    | inventor, if any   Card  | sie LAMANT                            |  |  |
| Inventor's Signature                                         | Tamore                   |                                       |  |  |
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| 26/02 SAT 13:32 FAX 818 474 9057     | HOVEY, WILLIAMS ET AL            | Ø 00 |
|--------------------------------------|----------------------------------|------|
|                                      | <sup>1</sup> Jean-Francois SNAPS |      |
| Inventor's Signature                 |                                  | -    |
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| Full name of fourth inventor, if any |                                  |      |
| Inventor's Signature                 |                                  |      |
| Date                                 | Country of Citizenship           |      |
| Residence                            |                                  |      |
| Post Office Address                  |                                  |      |

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